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December 22, 2010

Daniel E. Wathen, Court Master  
Pierce Atwood, LLP  
77 Winthrop Street  
Augusta, Maine 04330

Re: Plan Amendment Request #14  
Delete Community Service Networks as a Requirement of the Consent Decree Plan

Dear Dan:

The Consent Decree Plan of October 2006 laid out a series of steps for developing a Community Service Network (CSN) system and related mechanisms designed to improve continuity of care. The underlying concept of the CSN system was that continuity of care could best be supported through the use of local planning, local problem solving, participation of stakeholders (provider, consumers and hospitals), a mutual understanding of the roles and expectations of each service provider, and a sense of shared responsibility for adults with severe and persistent mental illness within the geographic area of each network. Compliance Standard I.3 (Compliance Plan October 2007) required that DHHS certify that the system was in place according to the terms of the Plan once implementation of the system was complete. DHHS submitted this certification on August 19, 2009, and you approved the certification approved on October 7, 2009. You acknowledged in your approval of the certification that the "effectiveness of the Community Service Networks will be measured against more detailed standards as set for the in Part IV of the Compliance Standards."

As you know, since the CSN system was implemented in 2006, DHHS and the CSNs have struggled to achieve these goals using the processes described in the Consent Decree Plan. Both parties have, at various times, identified the need for some improvements to make the CSNs function more effectively to meet their mission of ensuring continuity of care. The Department and the CSNs have tried various strategies, some of which were delineated in the certification request of August 2009. Although the CSN system has developed in accordance with the framework of the Consent Decree Plan, it has not lived up to its promise to assure continuity of care in local geographic areas. We do not believe that it is a system that will allow the Department to achieve that standards set out in Part IV of the Compliance Standards.

By this letter, the Department is seeking approval to delete Community Service Networks as a requirement of the Consent Decree Plan. DHHS continues to believe in the underlying goals of CSNs, delineated above. However, CSNs have not met the mission for which they were established, and, as DHHS moves towards a managed care system and healthcare reform, better mechanisms will be in place to assure continuity of care in local geographic areas. One barrier to the success of the CSNs as supporters of continuity of care has been the competitive nature of the relationship among providers. Helen Bailey raised that concern in her letter to you of September 14, 2009, noting that the CSNs have not operated as collectives, perhaps because "in the absence of the managed care system, the individual agencies lack sufficient incentive to collaborate...." As you know, managed care and healthcare reform are coming to the people served by DHHS. Providers and consumers have been engaged with the Department in planning for these initiatives. Managed care and healthcare reform will integrate physical and behavioral healthcare, and will include incentives, both financial and programmatic, to encourage providers to collaborate across healthcare systems and provide continuity of care. These initiatives can assure what CSNs cannot.

The Consent Decree Plan dealt with development of community mental health systems, of which CSNs were a component. Even in the absence of CSNs, many of the goals and elements envisioned by the system development portion of the Consent Decree plan remain and will be furthered by the following:

- The core service array will remain in place.
- DHHS will continue to have monthly calls or webinars with CSN members to engage providers and consumers in discussion and to communicate information pertinent to developing the mental health system in Maine. CSN members have consistently seen information-sharing as a valuable component of the CSN system. Relevant data, memos, and documents will continue to be posted on the website.
- An unmet need structure will remain in place and will be discussed with providers and the larger stakeholder community.
- A mechanism will remain in place for 24-hour access to consumers' community support service records for better coordination during a psychiatric crisis.
- Planning based on data and consumer outcomes will continue, with the recent re-organization of OAMHS supporting the data and planning functions of the Office. Resolution of dispositions of psychiatric patients in emergency departments rests with the four crisis systems. These integrated crisis systems also carry responsibility for the rapid response process, consistent with the crisis minimum system standards. The Department will continue to monitor crisis data that deals with resolution of crisis appearances in emergency departments under compliance standard IV.37, which requires that, in three out of four consecutive quarters, 90% of all face-to-face crisis contacts be resolved within 8 hours. This monitoring will be in the Department's more proper role as system manager rather than as dispute mediator.

- DHHS's new Adult Services Consortium, under the supervision of the Director of the Office of Adult Mental Health Services, ensures that persons with complex needs are appropriately served. The core members are the Directors of the Office of Elder Services; the Office of Adults with Cognitive and Physical Disabilities Services; the Office of Substance Abuse; and Systems Operations in OAMHS. Representatives from MaineCare Services, the Office of Integrated Access and Support, and Children's Services attend meetings as appropriate.
- OAMHS will address needed changes to 34-B M.R.S.A. § 3608, which was enacted by the Legislature in 2007 and defines the role and responsibilities of CSNs.

As you requested, OAMHS will post this amendment request on the CSN section of the DHHS website, and will send the link to the CSNs. The notice to CSNs will also inform the members that any comments, questions or concerns should be directed to you at 77 Winthrop Street, Augusta, Maine 04330. OAMHS will send hard copies directly to those CSN members who have requested notice by mail.

References to the CSNs are found throughout Chapter IV, Continuity of Care, in the Consent Decree Plan. In our view, a sentence-by-sentence rewrite of that chapter would not be necessary or useful, should this amendment request be approved. Therefore, no rewrite accompanies this request. If you disagree, please let us know.

And of course, please call should you have any questions.

Sincerely,



Katherine Greason  
Assistant Attorney General  
Augusta Office

cc: Brenda Harvey, Commissioner, DHHS  
Ronald S. Welch, Director, Office of Adult Mental Health Services  
Marya Faust, Director of Policy, Office of Adult Mental Health Services  
Don Chamberlain, Director Community Systems, Office of Adult Mental Health Services  
Helen Bailey, Esq.  
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